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     $0.00  Estimated cost File410
     $0.06  TELNET
     $0.06  Estimated cost this search
     $0.66  Estimated total session cost   0.271 DialUnits

SYSTEM:OS  - DIALOG OneSearch
  File   5:Biosis Previews(R) 1926-2009/Dec W4
         (c) 2009 The Thomson Corporation
  File  73:EMBASE 1974-2010/Jan 05
         (c) 2010 Elsevier B.V.
  File 155:MEDLINE(R) 1950-2009/Dec 09
         (c) format only 2009 Dialog
*File 155: No updates were provided Friday or Saturday, 12/11-12.
Please see HELP NEWS 154 for information.
  File 399:CA SEARCH(R) 1967-2010/UD=15202
         (c) 2010 American Chemical Society
*File 399: Use is subject to the terms of your user/customer agreement.
IPCR/8 classification codes now searchable as IC=. See HELP NEWSIPCR.

      Set  Items  Description
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? e au=lawson alastair ?

Ref   Items  Index-term
E1        1  AU=LAWSON ALAN
E2        8  AU=LAWSON ALASTAIR
E3        0 *AU=LAWSON ALASTAIR ?
E4        1  AU=LAWSON ALASTAIR D
E5       12  AU=LAWSON ALASTAIR D G
E6        2  AU=LAWSON ALASTAIR DAVID GRIFFITHS
E7        5  AU=LAWSON ALEXANDER
E8        2  AU=LAWSON ALEXANDER J
E9       52  AU=LAWSON ALEXANDER M
E10       1  AU=LAWSON ALEXANDER M.
E11       1  AU=LAWSON ALEXANDER R
E12       1  AU=LAWSON ALEXIS A

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? se2-e6
               8  AU=LAWSON ALASTAIR
               0  AU=LAWSON ALASTAIR ?
               1  AU=LAWSON ALASTAIR D
              12  AU=LAWSON ALASTAIR D G
               2  AU=LAWSON ALASTAIR DAVID GRIFFITHS
      S1      23  E2-E6
? e au=bourne timothy ?

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E4        3  AU=BOURNE TIMOTHY F
E5       45  AU=BOURNE TOM
E6        2  AU=BOURNE TOM H
E7        6  AU=BOURNE V
E8        1  AU=BOURNE V E
E9        3  AU=BOURNE V L
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E10       2  AU=BOURNE V T
E11       1  AU=BOURNE V.
E12       9  AU=BOURNE V.J.

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               7  AU=BOURNE TIM
               3  AU=BOURNE TIMOTHY
               0  AU=BOURNE TIMOTHY ?
               3  AU=BOURNE TIMOTHY F
      S2      13  E1-E4
? e au=marshall diane ?

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E1        2  AU=MARSHALL DIANA M
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E10       1  AU=MARSHALL DIEDRE
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E12       1  AU=MARSHALL DON

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              21  AU=MARSHALL DIANE
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block? or inhibit? or antagoni?)(20n)(treat? or therap?)(20n)(ibd or bowel or
colitis or crohn?)
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              23  S1
              13  S2
              64  S3
          205842  CSF?
         2484321  ANTIBOD?
          964758  IMMUNOGLOBULIN?
         1215905  SUPPRESS?
         1788013  BLOCK?
         5715848  INHIBIT?
         1480594  ANTAGONI?
         9652145  TREAT?
         9047937  THERAP?
           21515  IBD
          228736  BOWEL
          135220  COLITIS
           98749  CROHN?
              82  CSF?(20N)(((((ANTIBOD? OR IMMUNOGLOBULIN?) OR SUPPRESS?)
                  OR BLOCK?) OR INHIBIT?) OR ANTAGONI?)(20N)(TREAT? OR
                  THERAP?)(20N)(((IBD OR BOWEL) OR COLITIS) OR CROHN?)
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                IMMUNOGLOBULIN? OR SUPPRESS? OR BLOCK? OR INHIBIT? OR
                ANTAGONI?)(20N)(TREAT? OR THERAP?)(20N)(IBD OR BOWEL OR
                COLITIS OR CROHN?)
? t s4/3/all

 4/3/1     (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2009 Dialog. All rts. reserv.

17849785   PMID: 17206685
  Blockade  of  colony  stimulating factor-1 (CSF-I) leads to inhibition of
DSS-induced colitis.
  Marshall Diane; Cameron James; Lightwood Daniel; Lawson Alastair
D G
  Celltech  Centre of Excellence for Antibody Research, UCB, 216 Bath Road,
Slough SLI 4EN, UK. diane.marshall@celltech.ucb-group.com
  Inflammatory bowel diseases (United States)   Feb 2007,  13  (2)  p219-24
,  ISSN 1078-0998--Print   Journal Code: 9508162
  Publishing Model Print
  Document type: In Vitro; Journal Article
  Languages: ENGLISH
  Main Citation Owner: NLM
  Record type: MEDLINE; Completed
? s (csf?)(20n)(antibod? or immunoglobulin? or suppress? or block? or inhibit? or
antagoni?) and (treat? or therap?)(20n)(ibd or bowel or colitis or crohn?)
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          205842  CSF?
         2484321  ANTIBOD?
          964758  IMMUNOGLOBULIN?
         1215905  SUPPRESS?
         1788013  BLOCK?
         5715848  INHIBIT?
         1480594  ANTAGONI?
           33946  CSF?(20N)(((((ANTIBOD? OR IMMUNOGLOBULIN?) OR SUPPRESS?)
                  OR BLOCK?) OR INHIBIT?) OR ANTAGONI?)
         9652145  TREAT?
         9047937  THERAP?
           21515  IBD
          228736  BOWEL
          135220  COLITIS
           98749  CROHN?
          102553  (TREAT? OR THERAP?)(20N)(((IBD OR BOWEL) OR COLITIS) OR
                  CROHN?)
      S5      80  (CSF?)(20N)(ANTIBOD? OR IMMUNOGLOBULIN? OR SUPPRESS? OR
                  BLOCK? OR INHIBIT? OR ANTAGONI?) AND (TREAT? OR
                  THERAP?)(20N)(IBD OR BOWEL OR COLITIS OR CROHN?)
? rd s5
      S6      53  RD S5  (unique items)
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Processing
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        60205932  PY<2004
      S7      15  S6 AND PY<2004
? t s7/3/all

 7/3/1     (Item 1 from file: 5)
DIALOG(R)File   5:Biosis Previews(R)
(c) 2009 The Thomson Corporation. All rts. reserv.
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17780455 BIOSIS NO.: 200400147116
Autologous tumor combined with a GM-CSF-secreting cell line vaccine (GVAX(R)) following autologous stem cell transplant (ASCT) in multiple myeloma.
AUTHOR: Borrello Ivan (Reprint); Biedryzcki Barbara (Reprint); Sheets Nicole (Reprint); Racke Frederick (Reprint); Loper Kathy (Reprint); Lemas Victor (Reprint); Noonan Kimberly (Reprint); Nelson Lisa; Hege Kristen; Levitsky Hyam (Reprint)
AUTHOR ADDRESS: Johns Hopkins Univ., Baltimore, MD, USA**USA
JOURNAL: Blood 102 (11): p493a November 16, 2003 2003
MEDIUM: print
CONFERENCE/MEETING: 45th Annual Meeting of the American Society of Hematology San Diego, CA, USA December 06-09, 2003; 20031206
SPONSOR: American Society of Hematology
ISSN: 0006-4971
DOCUMENT TYPE: Meeting; Meeting Poster; Meeting Abstract
RECORD TYPE: Abstract
LANGUAGE: English

7/3/2 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

17759446 BIOSIS NO.: 200400130203
An open-label pilot study of granulocyte colony-stimulating factor for the treatment of severe endoscopic postoperative recurrence in ***Crohn*** 's disease.
AUTHOR: Dejaco Clemens (Reprint); Lichtenberger Conny; Miehsler Wolfgang; Oberhuber Georg; Herbst Friedrich; Vogelsang Harald; Gangl Alfred; Reinisch Walter
AUTHOR ADDRESS: Division of Gastroenterology and Hepatology, Department of Internal Medicine IV, University Hospital, AKH, Waehringer Guertel 18-20, AT-1090, Vienna, Austria**Austria
AUTHOR E-MAIL ADDRESS: clemens.dejaco@akh-wien.ac.at
JOURNAL: Digestion 68 (2-3): p63-70 2003 2003
MEDIUM: print
ISSN: 0012-2823
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

7/3/3 (Item 3 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

17399187 BIOSIS NO.: 200300357906
Combined Autoimmune Thrombocytopenia and Neutropenia: Treatment with Rituximab.
AUTHOR: Mintzer David Michael (Reprint)
AUTHOR ADDRESS: Section of Heme/Onc, Pennsylvania Hospital, Phila, PA, USA **USA
JOURNAL: Blood 100 (11): pAbstract No. 3635 November 16, 2002 ***2002***
MEDIUM: print
CONFERENCE/MEETING: 44th Annual Meeting of the American Society of Hematology Philadelphia, PA, USA December 06-10, 2002; 20021206
SPONSOR: American Society of Hematology
ISSN: 0006-4971
DOCUMENT TYPE: Meeting; Meeting Abstract; Meeting Poster

RECORD TYPE: Abstract
LANGUAGE: English

7/3/4 (Item 4 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

17397907 BIOSIS NO.: 200300356626
Low-Dose Chemotherapy for Refractory EBV Associated Post-Transplant Lymphoproliferative Disease (PTLD) Following Solid Organ Transplant (SOT) in Children.
AUTHOR: Gross Thomas G (Reprint); Park Julie (Reprint); Bucuvalas John (Reprint); Langnas Alan (Reprint); Kaufman Stuart (Reprint); McDonald Ruth (Reprint); Goldman Frederick (Reprint); Lynch James C (Reprint)
AUTHOR ADDRESS: Hematology/Oncology, Children's Hospital, Columbus, OH, USA **USA
JOURNAL: Blood 100 (11): pAbstract No. 598 November 16, 2002 ***2002***
MEDIUM: print
CONFERENCE/MEETING: 44th Annual Meeting of the American Society of Hematology Philadelphia, PA, USA December 06-10, 2002; 20021206
SPONSOR: American Society of Hematology
ISSN: 0006-4971
DOCUMENT TYPE: Meeting; Meeting Poster; Meeting Abstract
RECORD TYPE: Abstract
LANGUAGE: English

7/3/5 (Item 5 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

16559499 BIOSIS NO.: 200200153010
Clinical and laboratory erradication of HTLV/1 related T/cell lymphoma with allogeneic stem cell transplantation (SCT)
AUTHOR: Riera Leandro (Reprint); Arias Daniel (Reprint); Solimano Jorge (Reprint); Cacchione Roberto (Reprint); Riveros Dardo (Reprint); Fernandez Jose (Reprint); Dupont Juan (Reprint); Koziner Benjamin (Reprint)
AUTHOR ADDRESS: CEMIC, Centre de Educacion Medica e Investigaciones Clinicas, Buenos Aires, Argentina**Argentina
JOURNAL: Blood 98 (11 Part 2): p380b November 16, 2001 2001
MEDIUM: print
CONFERENCE/MEETING: 43rd Annual Meeting of the American Society of Hematology, Part 2 Orlando, Florida, USA December 07-11, 2001; 20011207
SPONSOR: American Society of Hematology
ISSN: 0006-4971
DOCUMENT TYPE: Meeting; Meeting Abstract
RECORD TYPE: Abstract
LANGUAGE: English

7/3/6 (Item 6 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

16312661 BIOSIS NO.: 200100484500
IL-5 and TNF-alpha participate in recruitment of eosinophils to intestinal mucosa in ulcerative colitis
AUTHOR: Lampinen Maria (Reprint); Carlson Marie; Sangfelt Per; Taha Yesuf; Thorn Magnus; Loof Lars; Raab Yngve; Venge Per

AUTHOR ADDRESS: Department of Medical Sciences, Clinical Chemistry, University Hospital, S-751 85, Uppsala, Sweden**Sweden
JOURNAL: Digestive Diseases and Sciences 46 (9): p2004-2009 September, 2001 2001
MEDIUM: print
ISSN: 0163-2116
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

7/3/7 (Item 7 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

13705369 BIOSIS NO.: 199799339429
Efficacy of recombinant granulocyte colony-stimulating factor (rhG-CSF) in experimental colitis
AUTHOR: Hommes D W (Reprint); Meenan J; Dijkhuizen S; Ten Kate F J W; Tytgat G N J; Van Deventer S J H
AUTHOR ADDRESS: Dep. Intern. Med., Slotervaart Ziekenhuis, 1066 EC Amsterdam, Netherlands**Netherlands
JOURNAL: Clinical and Experimental Immunology 106 (3): p529-533 1996 1996
ISSN: 0009-9104
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

7/3/8 (Item 8 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

13616937 BIOSIS NO.: 199699250997
Cytokine modulation by glucocorticoids: Mechanisms and actions in cellular studies
AUTHOR: Brattsand R (Reprint); Linden M
AUTHOR ADDRESS: Dep. Pharmacol., Astra Draco AB, PO Box 34, S-221 00 Lund, Sweden**Sweden
JOURNAL: Alimentary Pharmacology and Therapeutics 10 (SUPPL. 2): p81-90 1996 1996
ISSN: 0269-2813
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

7/3/9 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE

0079834584 EMBASE No: 2004019350
Disrupted mucosal barrier in quiescent ulcerative colitis: Effect of metronidazole and of a symbiotic preparation in a pilot cross-over study
Marotta F.; Naito Y.; Tajiri H.; Lighthouse J.; Yoshioka M.; Ogliari C.; Bozzani A.; Fuji H.; Fesce E.
Gastroenterology Department, S. Giuseppe Hospital, via Pisanello 4, 20146 Milano, Italy
AUTHOR EMAIL: fmarchimede@libero.it
CORRESP. AUTHOR/AFFIL: Marotta F.: Gastroenterology Department, S.

Giuseppe Hospital, via Pisanello 4, 20146 Milano, Italy
CORRESP. AUTHOR EMAIL: fmarchimede@libero.it

Chinese Journal of Digestive Diseases (Chin. J. Dig. Dis.) (Australia) December 1, 2003, 4/4 (180-185)
CODEN: CJDDA ISSN: 1443-9611
DOI: 10.1046/j.1443-9573.2003.t01-4-.x
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 41

7/3/10 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE

0079046291 EMBASE No: 2002209999
Anticytokines in the treatment of idiopathic inflammations of the gut - Theory and practice
Anticytokiny v lecbe idiopatickych strevnich zanetu - Teorie a praxe
Zboril V.
Interni Gastroenterol. Klinika, FN Brno, Pracoviste Bohunice, Fihlavska 20, 639 00 Brno, Czech Republic
CORRESP. AUTHOR/AFFIL: Zboril V.: Interni Gastroenterol. Klinika, FN Brno, Pracoviste Bohunice, Fihlavska 20, 639 00 Brno, Czech Republic

Vnitrni Lekarstvi (Vnitr. Lek.) (Czech Republic) June 25, 2002, 48/6 (583-586)
CODEN: VNLEA ISSN: 0042-773X
DOCUMENT TYPE: Journal; Short Survey RECORD TYPE: Abstract
LANGUAGE: Czech SUMMARY LANGUAGE: English; Czech
NUMBER OF REFERENCES: 23

7/3/11 (Item 3 from file: 73)
DIALOG(R)File 73:EMBASE

0078729488 EMBASE No: 2001335821
A pilot study for the treatment of non-Hodgkin's lymphoma in children with acquired immunodeficiency syndromes
Gonzalez C.E.; Shad A.; Adde M.; Mueller B.U.; Venzon D.J.; Avila N.; Jaffe E.S.; Kingma D.; Wood L.V.; Pizzo P.A.; Smithson W.A.; Sleasman J.W.; Magrath I.
Children's National Medical Center, Pediatric Medicine, 111 Michigan Ave N.W., Washington, DC 20010, United States
CORRESP. AUTHOR/AFFIL: Gonzalez C.E.: Children's National Medical Center, Pediatric Medicine, 111 Michigan Ave N.W., Washington, DC 20010, United States
CORRESP. AUTHOR EMAIL: cgonzale@cnmc.org

International Journal of Pediatric Hematology/Oncology (Int. J. Pediatr. Hematol. Oncol.) (United Kingdom) October 8, 2001, 7/3 (167-187)
CODEN: IPHOE ISSN: 1070-2903
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 57

7/3/12 (Item 4 from file: 73)
DIALOG(R)File 73:EMBASE

0077507489 EMBASE No: 1998417956
Mesalazine-associated severe aplastic anemia successfully treated with antithymocyte globulin, cyclosporine and granulocyte colony-stimulating factor
Otsubo H.; Kaito K.; Sekita T.; Shimada T.; Kobayashi M.; Hosoya T.
Department of Internal Medicine (II), Jikei Univ. Sch. Med., 3-25-8 N., Tokyo 105-8461, Japan
CORRESP. AUTHOR/AFFIL: Otsubo H.: Department of Internal Medicine (II), Jikei University School of Medicine, 3-25-8 Nishi Shinbashi, Minato-ku, Tokyo 105-8461, Japan

International Journal of Hematology (Int. J. Hematol.) (Ireland)
December 1, 1998, 68/4 (445-448)
CODEN: IJHEE ISSN: 0925-5710
PUBLISHER ITEM IDENTIFIER: S0925571098000826
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 15

7/3/13 (Item 5 from file: 73)
DIALOG(R)File 73:EMBASE

0075112239 EMBASE No: 1992263912
Effect of hypoimmunoglobulinemia on laboratory evaluation of multiple sclerosis
Nguyen N.; Wong S.S.
Pathology/Laboratory Medicine Dept., Univ. of Texas Health Science Center, P.O. Box 20708, Houston, TX 77225, United States
CORRESP. AUTHOR/AFFIL: Wong S.S.: Pathology/Laboratory Medicine Dept., Univ. of Texas Health Science Center, P.O. Box 20708, Houston, TX 77225, United States

Journal of Medicine (J. MED.) (United States) September 10, 1992, 23/2 (133-139)
CODEN: JNMDB ISSN: 0025-7850
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English

7/3/14 (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

14886141 PMID: 12132366
[Anti-cytokines in the treatment of idiopathic intestinal inflammations--theory and practice]
Anticytokiny v lecbe idiopatickych strevnich zanetu--teorie a praxe.
Zboril V
Interni gastroenterologicka klinika FN Brno.
Vnitr ni lekar stvi (Czech Republic) Jun 2002, 48 (6) p583-6, ISSN 0042-773X--Print Journal Code: 0413602
Publishing Model Print
Document type: English Abstract; Journal Article
Languages: CZECH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

7/3/15 (Item 1 from file: 399)
DIALOG(R)File 399:CA SEARCH(R)

137346237 CA: 137(24)346237p PATENT
Methods for inhibiting macrophage colony-stimulating factor (M-CSF) and c-fms-dependent cell signaling, and therapeutic use
INVENTOR(AUTHOR): Rajavashisth, Tripathi
LOCATION: USA
ASSIGNEE: Cedars-Sinai Medical Center
PATENT: PCT International ; WO 200287496 A2 DATE: 20021107
APPLICATION: WO 2002US12251 (20020417) *US PV287426 (20010430) *US 94365 (20020308)
PAGES: 58 pp. CODEN: PIXXD2 LANGUAGE: English
PATENT CLASSIFICATIONS:
CLASS: A61K-000/A
DESIGNATED COUNTRIES: AE; AL; AM; AT; AU; AZ; BA; BB; BG; BR; BY; CA; CH; CN; CR; CU; CZ; DE; DK; DM; EE; ES; FI; GB; GD; GE; GH; GM; HR; HU; ID; IL; IN; IS; JP; KE; KG; KP; KR; KZ; LC; LK; LR; LS; LT; LU; LV; MA; MD; MG; MK; MN; MW; MX; NO; NZ; PL; PT; RO; RU; SD; SE; SG; SI; SK; SL; TJ; TM; TN; TR; TT; UA; UG; UZ; VN; YU; ZA; ZW; AM; AZ; BY; KG; KZ; MD; RU; TJ; TM
DESIGNATED REGIONAL: GH; GM; KE; LS; MW; MZ; SD; SL; SZ; TZ; UG; ZM; ZW; AT; BE; CH; CY; DE; DK; ES; FI; FR; GB; GR; IE; IT; LU; MC; NL; PT; SE; TR; BF; BJ; CF; CG; CI; CM; GA; GN; GQ; GW; ML; MR; NE; SN; TD; TG
? t s7/7/1-14

7/7/1 (Item 1 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

17780455 BIOSIS NO.: 200400147116
Autologous tumor combined with a GM-CSF-secreting cell line vaccine (GVAX(R)) following autologous stem cell transplant (ASCT) in multiple myeloma.
AUTHOR: Borrello Ivan (Reprint); Biedryzcki Barbara (Reprint); Sheets Nicole (Reprint); Racke Frederick (Reprint); Loper Kathy (Reprint); Lemas Victor (Reprint); Noonan Kimberly (Reprint); Nelson Lisa; Hege Kristen; Levitsky Hyam (Reprint)
AUTHOR ADDRESS: Johns Hopkins Univ., Baltimore, MD, USA**USA
JOURNAL: Blood 102 (11): p493a November 16, 2003 2003
MEDIUM: print
CONFERENCE/MEETING: 45th Annual Meeting of the American Society of Hematology San Diego, CA, USA December 06-09, 2003; 20031206
SPONSOR: American Society of Hematology
ISSN: 0006-4971
DOCUMENT TYPE: Meeting; Meeting Poster; Meeting Abstract
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Pre-clinical models have demonstrated enhanced cancer vaccine efficacy when administered early following ASCT and accompanied by vaccine-primed lymphocyte infusion. In this trial patients with untreated myeloma underwent a bone marrow harvest to obtain tumor cells for vaccine processing. Patients eligible for ASCT following induction chemotherapy received a pre-transplant vaccination followed by leukapheresis to collect "primed" lymphocytes that were subsequently infused with the stem cell graft. Eight post-transplant vaccinations were administered at 3-week intervals starting 6 weeks post-transplant. The vaccine formulation consisted of irradiated autologous tumor cells admixed with GM-CSF-secreting K562 cells (K562 GVAX(R)) at a ratio of 5:2,

respectively. Three dose levels were assigned (1X107,4X107 and 1X108 tumor cells/vaccination) based on tumor cell yield from the bone marrow harvest. 22 patients underwent successful tumor harvest (3 at 1X107, 5 at 4X107, and 14 at 1X108). Of the patients enrolled, the median beta2 microglobulin was 5.4 (2.3-12.6) and 35% had an IgA monoclonal gammopathy. To date, 17 patients have received the pre-transplant vaccination and 12 have received gtoreq4 post-transplant vaccinations. No grade 3/4 vaccine-related toxicities have been observed. Median time to neutrophil engraftment (>500) and platelet engraftment (>50K) was 9 days. Three patients developed evidence of grade II autologous graft vs. host disease manifested by skin rash (n=2) and colitis (n=1) that resolved without ***therapy*** . Local vaccine injection site reactions were observed in all patients, however delayed-type hypersensitivity (DTH) reactions to injections of irradiated autologous tumor cells have been uncommon to date. Induction of tumor-reactive antibodies post vaccination was observed in 3/8 patients. In vitro studies have demonstrated the induction and adoptive transfer of tumor-specific cellular immune responses that can be followed throughout the post-transplant period. Serum GM-CSF levels peaked at 24-48 hours and were associated with transient increases in eosinophil and neutrophil counts (up to 4-fold), consistent with in vivo bioactivity of vaccine-secreted GM-CSF. Reproducible serum GM-CSF levels were achieved with repeated vaccinations suggesting no increased clearance of K562 GVAX(R) cells due to induction of an allogeneic immune response. No anti-GM- ***CSF*** ***antibodies*** were detected. Of the 14 patients that have completed the ASCT, there were 3 complete and 5 partial remissions, 5 stable disease, and 1 progressive disease for an overall response rate for a partial remission or better of 57%. Three patients with rising paraprotein levels posttransplant have demonstrated paraprotein declines following initiation of posttransplant vaccinations; one of these patients has achieved >90% paraprotein reduction following initiation of posttransplant vaccine treatment. These data demonstrate the feasibility of this vaccine approach and show the therapeutic potential of K562 GVAX(R) vaccination in the ASCT setting in multiple myeloma.

7/7/2 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

17759446 BIOSIS NO.: 200400130203
An open-label pilot study of granulocyte colony-stimulating factor for the treatment of severe endoscopic postoperative recurrence in ***Crohn*** 's disease.
AUTHOR: Dejaco Clemens (Reprint); Lichtenberger Conny; Miehsler Wolfgang; Oberhuber Georg; Herbst Friedrich; Vogelsang Harald; Gangl Alfred; Reinisch Walter
AUTHOR ADDRESS: Division of Gastroenterology and Hepatology, Department of Internal Medicine IV, University Hospital, AKH, Waehringer Guertel 18-20, AT-1090, Vienna, Austria**Austria
AUTHOR E-MAIL ADDRESS: clemens.dejaco@akh-wien.ac.at
JOURNAL: Digestion 68 (2-3): p63-70 2003 2003
MEDIUM: print
ISSN: 0012-2823
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Background/Aim: Recombinant human granulocyte colony-stimulating factor (rhG-CSF) promoted healing of Crohn's disease (CD)-like intestinal lesions in chronic granulomatous disease and glycogen storage disease lb,

both characterized by defective neutrophil functions. We performed a prospective, open-label pilot study with rhG-CSF for the treatment of CD. Patients and Methods: Five patients with clinically inactive CD, but with severe endoscopic ileitis within 1 year after intestinal resection and ileocolonic anastomosis, received 300 mug of rhG-CSF (Filgrastim; Neupogen(R)) subcutaneously, three times weekly for a total of 12 weeks. Safety was evaluated by assessment of clinical and laboratory data and disease activity. The primary parameter of efficacy was complete mucosal healing, as defined by the Rutgeerts score. Anti-inflammatory mediators were repeatedly measured during treatment. Results: All patients completed the protocol in clinical remission. In 1 subject transient headache resolved after halving the rhG-CSF dosage. Complete mucosal healing was observed in 2 patients: in 1 patient after 12 weeks of therapy and in 1 patient 9 months after treatment cessation. In a single patient, closure of an anovaginal and of a perianal fistula was noted. Neutrophil counts and interleukin-1 receptor antagonist and soluble tumor necrosis factor receptor p55 and p75 levels were found to be increased during drug administration. Conclusion: rhG- ***CSF*** seems to be safe, well tolerated, and might provide efficacy in CD.

7/7/3 (Item 3 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

17399187 BIOSIS NO.: 200300357906
Combined Autoimmune Thrombocytopenia and Neutropenia: Treatment with Rituximab.
AUTHOR: Mintzer David Michael (Reprint)
AUTHOR ADDRESS: Section of Heme/Onc, Pennsylvania Hospital, Phila, PA, USA **USA
JOURNAL: Blood 100 (11): pAbstract No. 3635 November 16, 2002 ***2002***
MEDIUM: print
CONFERENCE/MEETING: 44th Annual Meeting of the American Society of Hematology Philadelphia, PA, USA December 06-10, 2002; 20021206
SPONSOR: American Society of Hematology
ISSN: 0006-4971
DOCUMENT TYPE: Meeting; Meeting Abstract; Meeting Poster
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Combined autoimmune thrombocytopenia and neutropenia is uncommon. We report a 57 yo man with a h/o ulcerative colitis who presented with ITP in 1993. He was ***treated*** with prednisone with response but relapsed and underwent splenectomy nine months after diagnosis. He did well with occasional episodes of intermittent thrombocytopenia responsive to steroids. In 11/2001 he developed marked neutropenia (absolute gran. 100/uL), along with thrombocytopenia. Bone marrow was nondiagnostic. He was treated with prednisone, G-CSF and IV-IgG with some response but persistence of neutropenia. Granulocyte ***antibody*** was detectable (indirect) by both microagglutination and immunofluorescence, but without specificity. In 1/02 he received rituximab 375/M2 weekly X 4. Both platelet and granulocyte counts normalized over the next 3 months with tapering off of prednisone but continued GCSF support. Three months later granulocyte antibodies were no longer detectable. However, by 5 months, they had reappeared. Nonetheless granulocyte count remains above 5000/uL with GCSF, off prednisone. Our case demonstrates at least partial efficacy of rituximab for combined ITP and immune neutropenia with documentation of transient disappearance of granulocyte antibody. A similar response has been described (Faurschou M et al, Eur J Haematol 2001; 66:408-11).

7/7/4 (Item 4 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

17397907 BIOSIS NO.: 200300356626
Low-Dose Chemotherapy for Refractory EBV Associated Post-Transplant Lymphoproliferative Disease (PTLD) Following Solid Organ Transplant (SOT) in Children.
AUTHOR: Gross Thomas G (Reprint); Park Julie (Reprint); Bucuvalas John (Reprint); Langnas Alan (Reprint); Kaufman Stuart (Reprint); McDonald Ruth (Reprint); Goldman Frederick (Reprint); Lynch James C (Reprint)
AUTHOR ADDRESS: Hematology/Oncology, Children's Hospital, Columbus, OH, USA **USA
JOURNAL: Blood 100 (11): pAbstract No. 598 November 16, 2002 ***2002***
MEDIUM: print
CONFERENCE/MEETING: 44th Annual Meeting of the American Society of Hematology Philadelphia, PA, USA December 06-10, 2002; 20021206
SPONSOR: American Society of Hematology
ISSN: 0006-4971
DOCUMENT TYPE: Meeting; Meeting Poster; Meeting Abstract
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Introduction:The prognosis for EBV associated PTLD following SOT is poor for patients (pt.) that fail immune suppression reduction/withdrawal due to progressive disease (PD), allograft rejection/loss and/or treatment related mortality (TRM). Hypothesis: The treatment for refractory PTLD following SOT using a low-dose chemotherapy regimen will achieve tumor remission without allograft loss or TRM. Methods: All patients had EBV (+) PTLD that was progressive or persistent with allograft rejection, despite immune suppression reduction/withdrawal and/or other therapies. Treatment consisted of cyclophosphamide (600mg/m2 IV x 1 day) and prednisone (2mg/kg PO x 5 days) given every 3 weeks for 6 cycles. Presence of tumor cells or EBV DNA in the ***CSF*** was treated with IT methotrexate. Management of immune ***suppression*** and use of antiviral therapy was left to the discretion of the transplant teams. Results: Thirty-six patients were treated at 9 centers between 8/95-4/01. Type of allografts included: liver (n=17), liver/ ***bowel*** +/- pancreas (n=6), kidney (n=5), heart (n=3), bowel (n=3) and lung (n=2). Median age at transplant was 4.9 yr (0.8-17.2). Median time from transplant to PTLD was 5.3 mo (2.0-102.5). Previous therapies for PTLD included immune suppression reduction/withdrawal (100%), antiviral therapy (94%), surgical resection attempted (24%), rituximab (5%) and interferon (3%). Criteria to begin chemotherapy were PD (n=25), stable disease but rejection developed (n=8) or both PD and rejection present (n=3). Extranodal disease was present in 83%, and presence of tumor cells and/or EBV DNA in CSF in 25%. Response rate was 86% (77% CR, 9% PR). Four pt. had no response, all of whom presented with fulminant, disseminated disease and died of PD. Two pt. died of TRM - one pt. with pulmonary hemorrhage secondary to tumor necrosis and one pt. of infection while on therapy. Five pt. relapsed - (2) alive following salvage therapy, (2) died of PD and (1) died of infection during salvage therapy. Most patients received no additional immune suppression while on chemotherapy. Three pt. experienced allograft loss - (2) alive and CR following 2nd transplant. Median follow-up was 32 mo. (7-80). Two-year overall survival was 73% (95% C.I. 58%, 88%) and two-year event-free (continuous CR and functioning original allograft) was 69% (95% C.I. 53%, 87%). Conclusions: This experience represents the largest series of PTLD patients following SOT uniformly treated with chemotherapy. These results demonstrate that

this low-dose chemotherapy regimen is very effective in treating children with high-risk, refractory PTLD, while maintaining functioning allograft in the majority of patients. Future studies are required to evaluate the efficacy of this regimen in adult PTLD patients and to improve the outcome for fulminant, disseminated and relapsed PTLD.

7/7/5 (Item 5 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

16559499 BIOSIS NO.: 200200153010
Clinical and laboratory erradication of HTLV/1 related T/cell lymphoma with allogeneic stem cell transplantation (SCT)
AUTHOR: Riera Leandro (Reprint); Arias Daniel (Reprint); Solimano Jorge (Reprint); Cacchione Roberto (Reprint); Riveros Dardo (Reprint); Fernandez Jose (Reprint); Dupont Juan (Reprint); Koziner Benjamin (Reprint)
AUTHOR ADDRESS: CEMIC, Centre de Educacion Medica e Investigaciones Clinicas, Buenos Aires, Argentina**Argentina
JOURNAL: Blood 98 (11 Part 2): p380b November 16, 2001 2001
MEDIUM: print
CONFERENCE/MEETING: 43rd Annual Meeting of the American Society of Hematology, Part 2 Orlando, Florida, USA December 07-11, 2001; 20011207
SPONSOR: American Society of Hematology
ISSN: 0006-4971
DOCUMENT TYPE: Meeting; Meeting Abstract
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: HTLV-1 is a retrovirus from the lentivirus subfamily, with the capacity of immortalizing normal T-cells. Lymphocytes transfected with HTLV-1 are induced to produce a transregulatory protein (HTLV-1 Tax), that is responsible for the overexpression of IL-2, IL-2 R alpha and GM-***CSF*** . It also ***inhibits*** p53 and decreases the activity of caspase 3. HTLV-1 is endemic in southern Japan, the Caribbean area and some regions in South-America, and is responsible of T-cell malignancies and neurological disease in a small proportion of infected persons (1/2500). We report the case of a woman of 46 years old that initially consulted for generalized lymphadenopaty in the neck, axillae, mediastinum, retroperitoneum and groin. Her liver and spleen were also enlarged and the bone marrow showed a diffuse infiltration with characteristic convoluted and multilobated lymphoblasts with T phenotype. A diagnosis of T-cell leukemia/lymphoma was made. Beta chain of the T-cell receptor rearrangement was detected by PCR. HTLV-1 antibody (ELISA) and antigen (Western blot) were positive in the initial serum samples. She was treated with CHOP and HyperCVAD, both without response. She was referred to the transplant unit with multiple enlarged lymph nodes, hepatosplenomegaly, Htc: 42%, platelets: 145,000/mm3, WBC: 73,000/mm3 (78% of them were lymphoblasts). An HLA-matched sibling allogeneic SCT was performed in September 2000. Conditioning regimen was TBI+Cyclophosphamide. Dose of CD34 was 4.3 106/kg. GVHD prophylaxis consisted in CyA+MTX. By the day 8 and 13, neutrophils and platelets were over 500 and 20,000/mm3, respectively. She developed grade II acute GVHD (skin and ***bowel***) that was successfully ***treated*** with steroids. After 320 days from transplantation, she is in hematologic complete remission, without evidence of GVDH. By the time of this report PCR for viral HTLV-1 was negative. The favorable outcome of this case strongly suggests that allo-SCT may control viral infection and related lymphoproliferative T/cell disease.

7/7/6 (Item 6 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

16312661 BIOSIS NO.: 200100484500
IL-5 and TNF-alpha participate in recruitment of eosinophils to intestinal mucosa in ulcerative colitis
AUTHOR: Lampinen Maria (Reprint); Carlson Marie; Sangfelt Per; Taha Yesuf; Thorn Magnus; Loof Lars; Raab Yngve; Venge Per
AUTHOR ADDRESS: Department of Medical Sciences, Clinical Chemistry, University Hospital, S-751 85, Uppsala, Sweden**Sweden
JOURNAL: Digestive Diseases and Sciences 46 (9): p2004-2009 September, 2001 2001
MEDIUM: print
ISSN: 0163-2116
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: There is an increased influx of activated eosinophils to the intestinal mucosa in active ulcerative colitis, and an increased release of eosinophil-derived proteins, such as ECP, has also been observed. These findings indicate that eosinophils may contribute to tissue damage and intestinal inflammation in this disease. The relative importance of different chemotactic factors and the impact of steroid treatment on their effect in active ulcerative ***colitis*** are not known. We measured the eosinophil chemotactic activity in perfusion fluids from 11 patients with ulcerative colitis before and after steroid ***treatment*** and from 7 control patients. The effect of neutralizing antibodies to IL-5 and -8, RANTES, eotaxin, MCP-3, TNF-alpha, GM-***CSF*** was investigated. The chemotactic activity was higher in perfusion fluids from patients than from controls (P = 0.0043). Anti-IL-5 (P = 0.005) and -TNF-alpha (P = 0.017) inhibited the activity in perfusion fluids obtained before treatment. Steroid treatment prevented the effect of all antibodies but had no significant effect on the chemotactic activity. The chemotactic activity correlated with the levels of eosinophil granule proteins in the perfusion fluids. In conclusion, in ulcerative colitis, eosinophils are attracted to the intestinal tissue by chemotactic factors, of which IL-5 and TNF-alpha may be the most prominent steroid-sensitive ones. The steroid-insensitive chemotactic activities remain unidentified.

7/7/7 (Item 7 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

13705369 BIOSIS NO.: 199799339429
Efficacy of recombinant granulocyte colony-stimulating factor (rhG-CSF) in experimental colitis
AUTHOR: Hommes D W (Reprint); Meenan J; Dijkhuizen S; Ten Kate F J W; Tytgat G N J; Van Deventer S J H
AUTHOR ADDRESS: Dep. Intern. Med., Slotervaart Ziekenhuis, 1066 EC Amsterdam, Netherlands**Netherlands
JOURNAL: Clinical and Experimental Immunology 106 (3): p529-533 1996 1996
ISSN: 0009-9104
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Inflammatory bowel disease is associated with mucosal neutrophil recruitment and activatation, mediated in part by arachidonic acid metabolites. G-CSF attenuates the immune response to sepsis and ameliorates glycogen storage disease lb-related colitis. These actions may be effected through the shedding of neutrophil adhesion molecules, or ***inhibition*** of proinflammatory mediator synthesis. Immune complex colitis was used to evaluate the effect of rhG-CSF on colonic mucosal inflammation, neutrophil recruitment and the generation of eicosanoids. Immune complex colitis was induced in White New Zealand rabbits. Animals were pretreated with rhG-CSF either 24 h before induction, or at induction, with dosages of 50 and 200 mu-g/kg. rhG-CSF caused a time- and dose-dependent neutrophilia in all animals. Pretreatment with rhG-CSF resulted in increased tissue myeloperoxidase levels, despite a histologically similar mucosal polymorphonuclear cell infiltrate between ***treated*** and control ***colitis*** groups. Leukotriene B-4 (LTB-4) and thromboxane B-2 (TXB-2) dialysis fluid levels were lower in treated animals, in particular in the groups receiving two doses (LTB-4: both P lt 0.01; TXB-2: both P lt 0.01. Prostaglandin E-2 (PGE-2) levels in dialysis fluid of the rhG-CSF-***treated*** animals showed no difference from controls. In this model of experimental colitis, high-dose therapy with G-CSF resulted in a marked decrease of proinflammatory mediators, but mucosal generation of the protective PGE-2 was preserved. These results suggest that prolonged high-dose therapy with G-CSF may have anti-inflammatory effects in ***colitis*** .

7/7/8 (Item 8 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

13616937 BIOSIS NO.: 199699250997
Cytokine modulation by glucocorticoids: Mechanisms and actions in cellular studies
AUTHOR: Brattsand R (Reprint); Linden M
AUTHOR ADDRESS: Dep. Pharmacol., Astra Draco AB, PO Box 34, S-221 00 Lund, Sweden**Sweden
JOURNAL: Alimentary Pharmacology and Therapeutics 10 (SUPPL. 2): p81-90 1996 1996
ISSN: 0269-2813
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Glucocorticoids inhibit the expression and action of most cytokines. This is part of the in vivo feed-back system between inflammation-derived cytokines and CNS-adrenal produced corticosteroids with the probable physiological relevance to balance parts of the host defence and anti-inflammatory systems of the body. Glucocorticoids modulate cytokine expression by a combination of genomic mechanisms. The activated glucocorticoid-receptor complex can (i) bind to and inactivate key proinflammatory transcription factors (e.g. AP-1, NF-kappa-B). This takes place at the promotor responsive elements of these factors, but has also been reported without the presence of DNA; (ii) via glucocorticoid responsive elements (GRE), upregulate the expression of cytokine inhibitory proteins, e.g. I-kappa-B, which inactivates the transcription factor NF-kappa-B and thereby the secondary expression of a series of cytokines, (iii) reduce the half-life time and utility of cytokine mRNAs. In studies with triggered human blood mononuclear cells in culture, glucocorticoids strongly diminish the production of the 'initial phase'

cytokines IL-1-beta and TNF-alpha and the 'immunomodulatory' cytokines IL-2, IL-3, IL-4, IL-5, IL-10, IL-12 and IFN-gamma, as well as of IL-6, IL-8 and the growth factor GM-CSF. While steroid treatment broadly attenuates cytokine production, it cannot modulate it selectively, e.g. just the TH-0, the TH-1 or the TH-2 pathways. The production of the 'anti-inflammatory' IL-10 is also inhibited. The exceptions of steroid down-regulatory activity on cytokine expression seem to affect 'repair phase' cytokines like TGF-beta and PDGF. These are even reported to be upregulated, which may explain the rather weak steroid dampening action on healing and fibrotic processes. Some growth factors, e.g. G- ***CSF*** and M- ***CSF*** , are only weakly affected. In addition to diminishing the production of a cytokine, steroids can also often inhibit its subsequent actions. Because cytokines work in cascades, this means that steroid treatment can block expression of the subsequent cytokines. The blocked cytokine activity does not depend on a reduced cytokine receptor expression; in fact available in vitro investigations show that while the cytokine expression is blunted, its receptor is upregulated. The cellular studies presented here may represent the maximum potential of steroids to modulate cytokine expression in human mononuclear cells. It remains to be determined by clinical-experimental studies how effective cytokine modulation can be achieved in situ in inflamed bowel by systemic or by topical steroid ***therapy*** . Such studies may also answer whether a blocked cytokine production/action is the key or just a secondary mechanism behind the unique efficacy of steroids in active inflammatory bowel disease.

7/7/9 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE

0079834584 EMBASE No: 2004019350
Disrupted mucosal barrier in quiescent ulcerative colitis: Effect of metronidazole and of a symbiotic preparation in a pilot cross-over study
Marotta F.; Naito Y.; Tajiri H.; Lighthouse J.; Yoshioka M.; Ogliari C.; Bozzani A.; Fuji H.; Fesce E.
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Chinese Journal of Digestive Diseases (Chin. J. Dig. Dis.) (Australia) December 1, 2003, 4/4 (180-185)
CODEN: CJDDA ISSN: 1443-9611
DOI: 10.1046/j.1443-9573.2003.t01-4-.x
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 41

Objectives: The aims of the present study were to investigate the plasma concentration of endotoxin in patients with inflammatory bowel disease (IBD), the effect of metronidazole (MNZ) and of symbiotics on that concentration, and the relationship to ***IBD*** activity. Methods: The study group comprised 26 patients with quiescent ulcerative colitis (UC), all of whom were on maintenance mesalazine treatment (1200-2400 mg/day). The control group comprised 15 subjects. Blood samples were taken from all study subjects to measure: routine blood chemistry, endotoxin concentration, lipopolysaccharide binding protein (LBP) and macrophage-colony stimulating factor (M-CSF). All the ***IBD*** patients

were randomly enrolled for a 2-week oral daily treatment regimen with either MNZ (250 mg t.i.d.) or the symbiotic mixture SCM-III (Lactobacillus acidophilus, L. helveticus and Bifidobacteria brevis in an ion- and vitamin-enriched medium; 3 mL t.i.d.). Following a 6-week washout period during which the patients continued their maintenance treatment, the cross-over study of the new treatments was begun. Blood parameters were checked at entry and 2 weeks after each treatment schedule. Results: The concentration of endotoxin level in the UC patients, as a whole, was comparable with that of the control subjects. However, a separate group of patients with long-standing disease and pancolitis showed a statistically significant increase in toxin. SCM-III, but not MNZ, normalized this parameter. There was no statistical change in LBP and plasma endotoxin-***inhibiting*** capacity in the IBD patients. The M- ***CSF*** concentration was increased in the UC group, particularly in the pancolitis subgroup. SCM-III, but not MNZ, significantly decreased the M-CSF concentration in the UC patients, but there was only an insignificant trend toward decrease in the subgroup. There was a significant correlation between M-CSF and endotoxin in the pancolitis subgroup (r: 0.74, P < 0.05). Conclusions: Although these preliminary results need to be treated with caution, they suggest the effectiveness of long-term administration of probiotics/symbiotics in conjunction with standard treatment in patients with UC, even if there is not gross disease activity.

7/7/10 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE

0079046291 EMBASE No: 2002209999
Anticytokines in the treatment of idiopathic inflammations of the gut - Theory and practice
Anticytokiny v lecbe idiopatickych strevnich zanetu - Teorie a praxe
Zboril V.
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Vnitrni Lekarstvi (Vnitr. Lek.) (Czech Republic) June 25, 2002, 48/6 (583-586)
CODEN: VNLEA ISSN: 0042-773X
DOCUMENT TYPE: Journal; Short Survey RECORD TYPE: Abstract
LANGUAGE: Czech SUMMARY LANGUAGE: English; Czech
NUMBER OF REFERENCES: 23

Into treatment of idiopathic inflammations of the gut cytokines or their antagonists entered less than 5 years ago and they extended the range of classical medicamentous treatment with aminosalicylates, corticosteroids and immunosuppressives. The theoretical models of their therapeutic application pertained to the blocking of anti-inflammatory cytokines (IL-1, IL-6, IL-8, TNF alpha), the use of immunomodulating cytokines (IL-2,IL-6, IL-8, IL-9) similarly as the therapeutic administration of cytokines with a predominant growth and regulating activity (CSF, TGFalpha, TGFbeta, ODGF,IL-10,IL-11, IL-12). The range is supplemented by ICAM, VCAM ***antibody*** oligonucleotides and PAG ***antagonists*** . The stage of animal experiments was so far passed only by rhuIL-10, antiIL-2 and PAF antagonists. The only anticytokine which within the record time of 10 years found clinical indication in Crohn's disease, is antiTNF.

7/7/11 (Item 3 from file: 73)

0078729488 EMBASE No: 2001335821
A pilot study for the treatment of non-Hodgkin's lymphoma in children with acquired immunodeficiency syndromes
Gonzalez C.E.; Shad A.; Adde M.; Mueller B.U.; Venzon D.J.; Avila N.; Jaffe E.S.; Kingma D.; Wood L.V.; Pizzo P.A.; Smithson W.A.; Sleasman J.W.; Magrath I.
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International Journal of Pediatric Hematology/Oncology (Int. J. Pediatr. Hematol. Oncol.) (United Kingdom) October 8, 2001, 7/3 (167-187)
CODEN: IPHOE ISSN: 1070-2903
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 57

Purpose. Obtain preliminary response, toxicity, and survival data in patients with non-Hodgkin's lymphomas (NHLs) and immunodeficiency syndromes using short-duration chemotherapy, granulocyte colony-stimulating factor (G-CSF), intravenous (IV) immunoglobulin, and for HIV-infected patients, antiretroviral therapy. Methods. The primary chemotherapy regimen consisted of three cycles of IV cyclophosphamide and methotrexate, and intrathecal (IT) cytarabine and methotrexate. A relapse regimen included IV ifosfamide, cytarabine, and IT methotrexate. Results. We treated 12 children with 13 NHLs. Nine (75%) achieved a complete response (CR), 2 (17%) had a partial response (PR), and 1 (8%) did not respond to the primary chemotherapy regimen. Patients who had a PR received the relapse regimen; one subsequently achieved CR and one did not respond. One (8%) patient relapsed 8 months after completion of the primary regimen. Overall median survival time was 28 months. Seven (58%) patients died, one due to progressive NHL and 6 as a consequence of their underlying illnesses. There was a significant difference in survival ($p<0.01$) between HIV-infected children with and without AIDS-defining conditions prior to the diagnosis of NHL. Only patients without AIDS-defining conditions at the time of diagnosis are currently alive. Grade 4 hematologic toxicity occurred in 8 (75%) and non-hematologic toxicity in 3 (25%) of the patients who received the primary regimen. Relapse chemotherapy was associated with a significantly higher incidence of toxicity. No opportunistic infections occurred during chemotherapy. Conclusions. Our treatment approach for NHL in immunocompromised children was well tolerated and effective. The treatment for lymphoma did not appear to modify the course of their underlying conditions.

7/7/12 (Item 4 from file: 73)

0077507489 EMBASE No: 1998417956
Mesalazine-associated severe aplastic anemia successfully treated with antithymocyte globulin, cyclosporine and granulocyte colony-stimulating factor
Otsubo H.; Kaito K.; Sekita T.; Shimada T.; Kobayashi M.; Hosoya T.
Department of Internal Medicine (II), Jikei University Sch. Med., 3-25-8 N.,

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International Journal of Hematology (Int. J. Hematol.) (Ireland)
December 1, 1998, 68/4 (445-448)
CODEN: IJHEE ISSN: 0925-5710
PUBLISHER ITEM IDENTIFIER: S0925571098000826
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 15

A 20-year-old male with ulcerative colitis complicated by mesalazine-associated severe aplastic anemia is described. The patient developed aplastic anemia four months after the start of mesalazine therapy. He was treated with antithymocyte globulin, cyclosporine, and granulocyte colony-stimulating factor (G- ***CSF***) and responded well. Hematological complications of mesalazine are rare, but if bone marrow suppression is detected, immediate cessation of the drug and intensive immunosuppressive treatment with G- ***CSF*** should be considered.

7/7/13 (Item 5 from file: 73)
DIALOG(R)File 73:EMBASE

0075112239 EMBASE No: 1992263912
Effect of hypoimmunoglobulinemia on laboratory evaluation of multiple sclerosis
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Pathology/Laboratory Medicine Dept., University of Texas Health Science Center, P.O. Box 20708, Houston, TX 77225, United States
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Journal of Medicine (J. MED.) (United States) September 10, 1992, 23/2 (133-139)
CODEN: JNMDB ISSN: 0025-7850
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English

A female patient with Crohn's disease was assessed by laboratory evaluation for multiple sclerosis. Because of her hypoproteinemia, she was given an albumin infusion, which caused immunoglobulin concentrations to fall below the normal limit. Based on a cerebrospinal fluid (***CSF***) sample drawn after infusion, she was found to have an abnormally high IgG index and a high intrathecal IgG synthesis rate. However, clinical correlations ruled out demyelinating disease. Various equations used for the calculation were examined and found to yield false positive results with values of serum IgG below the reference range. Only the Ohman formula provided the correct prediction in this patient. Although hypo- or hyper-albuminemia have little effect on these equations, they may escalate the impact of hypoimmunoglobulinemia. Thus, interpretation of laboratory data under these conditions must be exercised with care.

7/7/14 (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

14886141 PMID: 12132366
[Anti-cytokines in the treatment of idiopathic intestinal inflammations--theory and practice]
Anticytokiny v lecbe idiopatickych strevnich zanetu--teorie a praxe.
Zboril V
Interni gastroenterologicka klinika FN Brno.
Vnitr ni lekar stvi (Czech Republic) Jun 2002, 48 (6) p583-6,
ISSN 0042-773X--Print Journal Code: 0413602
Publishing Model Print
Document type: English Abstract; Journal Article
Languages: CZECH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Into treatment of idiopathic inflammations of the gut cytokines or their antagonists entered less than 5 years ago and they extended the range of classical medicamentous treatment with aminosalicylates, corticosteroids and immunosuppressives. The theoretical models of their therapeutic application pertained to the blocking of anti-inflammatory cytokines (IL-1, IL-6, IL-8, TNF alpha), the use of immunomodulating cytokines (IL-2, IL-6, IL-8, IL-9) similarly as the therapeutic administration of cytokines with a predominant growth and regulating activity (CSF, TGFalpha, TGFbeta, ODGF, IL-10, IL-11, IL-12). The range is supplemented by ICAM, VCAM ***antibody*** oligonucleotides and PAG ***antagonists*** . The stage of animal experiments was so far passed only by rhuIL-10, antiIL-2 and PAF antagonists. The only anticytokine which within the record time of 10 years found clinical indication in Crohn's disease, is antiTNF.
Record Date Created: 20020722
Record Date Completed: 20020820
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>>>Unrecognizable Command
? ds

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Set     Items   Description
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S2         13   E1-E4
S3         64   E2-E5
S4          1   (S1 OR S2 OR S3) AND (CSF?)(20N)(ANTIBOD? OR IMMUNOGLOBULI-
                 N? OR SUPPRESS? OR BLOCK? OR INHIBIT? OR ANTAGONI?)(20N)(TREA-
                 T? OR THERAP?)(20N)(IBD OR BOWEL OR COLITIS OR CROHN?)
S5         80   (CSF?)(20N)(ANTIBOD? OR IMMUNOGLOBULIN? OR SUPPRESS? OR BL-
                 OCK? OR INHIBIT? OR ANTAGONI?) AND (TREAT? OR THERAP?)(20N)(I-
                 BD OR BOWEL OR COLITIS OR CROHN?)
S6         53   RD S5  (unique items)
S7         15   S6 AND PY<2004
? s s5 and (csf(w)1)
Processing
              80  S5
          199702  CSF
        14213081  1
            5887  CSF(W)1
      S8       5  S5 AND (CSF(W)1)
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      S9       4  RD S8  (unique items)
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9/3/1 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE

0081822424 EMBASE No: 2007256512

Blockade of colony stimulating factor-1 (CSF-1) leads to inhibition of DSS-induced colitis

Marshall D.; Cameron J.; Lightwood D.; Lawson A.D.G.
Celltech Centre of Excellence for Antibody Research, UCB, 216 Bath Road, Slough SL1 4EN, United Kingdom
AUTHOR EMAIL: diane.marshall@celltech.ucb-group.com
CORRESP. AUTHOR/AFFIL: Marshall D.: Celltech Centre of Excellence for Antibody Research, UCB, 216 Bath Road, Slough SL1 4EN, United Kingdom
CORRESP. AUTHOR EMAIL: diane.marshall@celltech.ucb-group.com

Inflammatory Bowel Diseases (Inflammatory Bowel Dis.) (United States) February 1, 2007, 13/2 (219-224)
CODEN: IBDNB ISSN: 1078-0998 eISSN: 1536-4844
DOI: 10.1002/ibd.20055
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 31

9/3/2 (Item 1 from file: 399)
DIALOG(R)File 399:CA SEARCH(R)

151356605 CA: 151(16)356605k PATENT
Antibody against the CSF-1R for treating cancer, bone degradation and inflammatory disease
INVENTOR(AUTHOR): Haegel, Helene; Thioudellet, Christine; Geist, Michel; Grellier, Benoit
LOCATION: Fr.
ASSIGNEE: Transgene S.A.
PATENT: PCT International ; WO 2009112245 A1 DATE: 20090917
APPLICATION: WO 2009EP1733 (20090311) *EP 2008360005 (20080314) *US 2008PV43884 (20080410)
PAGES: 101pp. CODEN: PIXXD2 LANGUAGE: English
PATENT CLASSIFICATIONS:

IPCR/8 + Level Value	Position	Status	Version	Action	Source Office:
C07K-0016/28	A	I	F	B	20060101	H	EP
A61P-0035/00	A	I	L	B	20060101	H	EP
A61P-0037/00	A	I	L	B	20060101	H	EP
C12N-0015/13	A	I	L	B	20060101	H	EP
C12N-0015/63	A	I	L	B	20060101	H	EP

DESIGNATED COUNTRIES: AE; AG; AL; AM; AO; AT; AU; AZ; BA; BB; BG; BH; BR; BW; BY; BZ; CA; CH; CN; CO; CR; CU; CZ; DE; DK; DM; DO; DZ; EC; EE; EG; ES; FI; GB; GD; GE; GH; GM; GT; HN; HR; HU; ID; IL; IN; IS; JP; KE; KG; KM; KN; KP; KR; KZ; LA; LC; LK; LR; LS; LT; LU; LY; MA; MD; ME; MG; MK; MN; MW; MX; MY; MZ; NA; NG; NI; NO; NZ; OM; PG; PH; PL; PT; RO; RS; RU; SC; SD; SE; SG; SK; SL; SM; ST; SV; SY; TJ; TM; TN; TR DESIGNATED REGIONAL: AT; BE; BG; CH ; CY; CZ; DE; DK; EE; ES; FI; FR; GB; GR; HR; HU; IE; IS; IT; LT; LU; LV; MC; MK; MT; NL; NO; PL; PT; RO; SE; SI; SK; TR; BF; BJ; CF; CG; CI; CM; GA; GN; GQ; GW; ML; MR; NE; SN; TD; TG; BW; GH; GM; KE; LS; MW; MZ; NA; SD; SL; SZ; TZ; UG; ZM; ZW; AM; AZ; BY; KG; KZ; MD; RU; TJ; TM

9/3/3 (Item 2 from file: 399)
DIALOG(R)File 399:CA SEARCH(R)

150028946 CA: 150(3)28946c PATENT
Catalytically inactive colony-stimulating factor 1 receptor tyrosine kinases and their use as antagonists of CSF-1
INVENTOR(AUTHOR): Stanley, Evan Richard; Xiong, Ying

LOCATION: USA
ASSIGNEE: Albert Einstein College of Medicine of Yeshiva University
PATENT: PCT International ; WO 2008150383 A1 DATE: 20081211
APPLICATION: WO 2008US6533 (20080522) *US 2007PV932325 (20070530)
PAGES: 62pp. CODEN: PIXXD2 LANGUAGE: English
PATENT CLASSIFICATIONS:
IPCR/8 + Level Value Position Status Version Action Source Office:

C12N-0005/06	A	I	F	B	20060101	H	US
C12N-0005/10	A	I	L	B	20060101	H	US
C07K-0001/00	A	I	L	B	20060101	H	US
C07K-0014/00	A	I	L	B	20060101	H	US

DESIGNATED COUNTRIES: AE; AG; AL; AM; AO; AT; AU; AZ; BA; BB; BG; BH; BR; BW; BY; BZ; CA; CH; CN; CO; CR; CU; CZ; DE; DK; DM; DO; DZ; EC; EE; EG; ES; FI; GB; GD; GE; GH; GM; GT; HN; HR; HU; ID; IL; IN; IS; JP; KE; KG; KM; KN; KP; KR; KZ; LA; LC; LK; LR; LS; LT; LU; LY; MA; MD; ME; MG; MK; MN; MW; MX; MY; MZ; NA; NG; NI; NO; NZ; OM; PG; PH; PL; PT; RO; RS; RU; SC; SD; SE; SG; SK; SL; SM; SV; SY; TJ; TM; TN; TR; TT DESIGNATED REGIONAL: AT; BE; BG; CH; CY; CZ; DE; DK; EE; ES; FI; FR; GB; GR; HR; HU; IE; IS; IT; LT; LU; LV; MC; MT; NL; NO; PL; PT; RO; SE; SI; SK; TR; BF; BJ; CF; CG; CI; CM; GA; GN; GQ; GW; ML; MR; NE; SN; TD; TG; BW; GH; GM; KE; LS; MW; MZ; NA; SD; SL; SZ; TZ; UG; ZM; ZW; AM; AZ; BY; KG; KZ; MD; RU; TJ; TM

9/3/4 (Item 3 from file: 399)
DIALOG(R)File 399:CA SEARCH(R)

143006277 CA: 143(1)6277p PATENT
CSF-1 inhibitors for treatment and prophylaxis of inflammatory bowel disease
INVENTOR(AUTHOR): Lawson, Alastair David Griffiths; Bourne, Timothy
LOCATION: UK,
ASSIGNEE: Celltech R & D Limited
PATENT: PCT International ; WO 200546657 A2 DATE: 20050526
APPLICATION: WO 2004GB4652 (20041103) *GB 200325836 (20031105)
PAGES: 33 pp. CODEN: PIXXD2 LANGUAGE: English
PATENT CLASSIFICATIONS:
CLASS: A61K-031/00A; A61K-039/395B; A61P-029/00B
DESIGNATED COUNTRIES: AE; AG; AL; AM; AT; AU; AZ; BA; BB; BG; BR; BW; BY; BZ; CA; CH; CN; CO; CR; CU; CZ; DE; DK; DM; DZ; EC; EE; EG; ES; FI; GB; GD; GE; GH; GM; HR; HU; ID; IL; IN; IS; JP; KE; KG; KP; KR; KZ; LC; LK; LR; LS; LT; LU; LV; MA; MD; MG; MK; MN; MW; MX; MZ; NA; NI; NO; NZ; OM; PG; PH; PL; PT; RO; RU; SC; SD; SE; SG; SK; SL; SY; TJ; TM; TN; TR; TT; TZ; UA; UG; US; UZ; VC; VN; YU; ZA; ZM; ZW DESIGNATED REGIONAL: BW; GH; GM; KE; LS; MW; MZ; NA; SD; SL; SZ; TZ; UG; ZM; ZW; AM; AZ; BY; KG; KZ; MD; RU; TJ; TM; AT; BE; BG; CH; CY; CZ; DE; DK; EE; ES; FI; FR; GB; GR; HU; IE; IS; IT; LU; MC; NL; PL; PT; RO; SE; SI; SK; TR; BF; BJ; CF; CG; CI; CM; GA; GN; GQ; GW; ML; MR; NE; SN; TD; TG

? ds

Set	Items	Description
S1	23	E2-E6
S2	13	E1-E4
S3	64	E2-E5
S4	1	(S1 OR S2 OR S3) AND (CSF?)(20N)(ANTIBOD? OR IMMUNOGLOBULIN? OR SUPPRESS? OR BLOCK? OR INHIBIT? OR ANTAGONI?)(20N)(TREAT? OR THERAP?)(20N)(IBD OR BOWEL OR COLITIS OR CROHN?)
S5	80	(CSF?)(20N)(ANTIBOD? OR IMMUNOGLOBULIN? OR SUPPRESS? OR BLOCK? OR INHIBIT? OR ANTAGONI?) AND (TREAT? OR THERAP?)(20N)(IBD OR BOWEL OR COLITIS OR CROHN?)
S6	53	RD S5 (unique items)

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S7         15   S6 AND PY<2004
S8          5   S5 AND (CSF(W)1)
S9          4   RD S8  (unique items)
? s (csf(w)1) and (ibd or colitis or crohn? or bowel)
Processing
          199702  CSF
        14213081  1
            5887  CSF(W)1
           21515  IBD
          135220  COLITIS
           98749  CROHN?
          228736  BOWEL
     S10      16  (CSF(W)1) AND (IBD OR COLITIS OR CROHN? OR BOWEL)
? rd s10
     S11      11  RD S10  (unique items)
? t s11/3/all

 11/3/1     (Item 1 from file: 5)
DIALOG(R)File   5:Biosis Previews(R)
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0021091879   BIOSIS NO.: 200900433316
Colony Stimulating Factor-1 Dependence of Paneth Cell Development in the
  Mouse Small Intestine
AUTHOR: Huynh Duy; Dai Xu-Ming; Nandi Sayan; Lightowler Sally; Trivett
  Melanie; Chan Chee-Kai; Bertoncello Ivan; Ramsay Robert G (Reprint);
  Stanley E Richard
AUTHOR ADDRESS: Peter MacCallum Canc Ctr, St Andrews Pl, Melbourne, Vic
  3002, Australia**Australia
AUTHOR E-MAIL ADDRESS: rob.ramsay@petermac.org; rstanley@aecom.yu.edu
JOURNAL: Gastroenterology  137 (1): p136-144 JUL 2009 2009
ITEM IDENTIFIER: doi:10.1053/j.gastro.2009.03.004
ISSN: 0016-5085
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English


 11/3/2     (Item 2 from file: 5)
DIALOG(R)File   5:Biosis Previews(R)
(c) 2009 The Thomson Corporation. All rts. reserv.

0019803658   BIOSIS NO.: 200700463399
Protothecosis in 17 Australian dogs and a review of the canine literature
AUTHOR: Stenner V J; Mackay B; King T; Barrs V R D; Irwin P; Abraham L;
  Swift N; Langer N; Bernays M; Hampson E; Martin P; Krockenberger M B;
  Bosward K; Latter M; Malik R (Reprint)
AUTHOR ADDRESS: Univ Sydney, Post Grad Fdn Vet Sci, Camperdown, NSW 2006,
  Australia**Australia
AUTHOR E-MAIL ADDRESS: R.Malik@vetc.usyd.edu.au
JOURNAL: Medical Mycology  45 (3): p249-266 2007 2007
ITEM IDENTIFIER: doi:10.1080/13693780601187158
ISSN: 1369-3786
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English


 11/3/3     (Item 3 from file: 5)
DIALOG(R)File   5:Biosis Previews(R)
(c) 2009 The Thomson Corporation. All rts. reserv.
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16925781 BIOSIS NO.: 200200519292
Estrogen increases the severity of dextran sodium sulfate colitis through a mechanism that is independent of macrophage colony stimulating factor-1 (M-CSF-1)
AUTHOR: Verdu Elena F (Reprint); Deng Yikang (Reprint); Bercik Premysl (Reprint); Collins Stephen M (Reprint)
AUTHOR ADDRESS: Hamilton, ON, Canada**Canada
JOURNAL: Gastroenterology 122 (4 Suppl. 1): pA-263 April, 2002 2002
MEDIUM: print
CONFERENCE/MEETING: Digestive Disease Week and the 103rd Annual Meeting of the American Gastroenterological Association San Francisco, CA, USA May 19-22, 2002; 20020519
ISSN: 0016-5085
DOCUMENT TYPE: Meeting; Meeting Abstract
RECORD TYPE: Citation
LANGUAGE: English

11/3/4 (Item 4 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

06338198 BIOSIS NO.: 198172072149
NECROTIZING ENTERO COLITIS AMONG NEW BORN INFANTS WITH GASTRO ENTERITIS A CLINICAL EVALUATION OF 17 CASES
AUTHOR: MUNIR M (Reprint); HUSADA T; SOEHARNO; NURHIDAYAT
AUTHOR ADDRESS: DEP PEDIATR, SAM RATULANGI UNIV, MANADO
JOURNAL: Paediatrica Indonesiana 20 (1-2): p25-37 1980
ISSN: 0030-9311
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

11/3/5 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE

0081822424 EMBASE No: 2007256512
Blockade of colony stimulating factor-1 (CSF-1) leads to inhibition of DSS-induced colitis
Marshall D.; Cameron J.; Lightwood D.; Lawson A.D.G.
Celltech Centre of Excellence for Antibody Research, UCB, 216 Bath Road, Slough SL1 4EN, United Kingdom
AUTHOR EMAIL: diane.marshall@celltech.ucb-group.com
CORRESP. AUTHOR/AFFIL: Marshall D.: Celltech Centre of Excellence for Antibody Research, UCB, 216 Bath Road, Slough SL1 4EN, United Kingdom
CORRESP. AUTHOR EMAIL: diane.marshall@celltech.ucb-group.com

Inflammatory Bowel Diseases (Inflammatory Bowel Dis.) (United States) February 1, 2007, 13/2 (219-224)
CODEN: IBDNB ISSN: 1078-0998 eISSN: 1536-4844
DOI: 10.1002/ibd.20055
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 31

11/3/6 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE

0080760873 EMBASE No: 2005405394
Implication for thiazolidinediones (TZDs) as novel potential anti-inflammatory drugs
Xu H.; Finas D.; Koster F.; Griesinger G.; Friedrich M.; Diedrich K.; Hornung D.
Department of Gynecology and Obstetrics, University of Schleswig-Holstein, Campus Luebeck, Luebeck, Germany; Women's Hospital, School of Medicine, Zhejiang University, Hangzhou, Zhejiang, China
AUTHOR EMAIL: D.Hornung@gmx.de
CORRESP. AUTHOR/AFFIL: Hornung D.: Department of Gynecology and Obstetrics, University of Schleswig-Holstein, Campus Luebeck, Luebeck, Germany
CORRESP. AUTHOR EMAIL: D.Hornung@gmx.de

Current Medicinal Chemistry: Anti-Inflammatory and Anti-Allergy Agents (Curr. Med. Chem.: Anti-Inflammatory Anti-Allergy Agents) (Netherlands) October 1, 2005, 4/5 (531-541)
CODEN: CMCAG ISSN: 1568-0142
DOI: 10.2174/156801405774330367
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 121

11/3/7 (Item 1 from file: 399)
DIALOG(R)File 399:CA SEARCH(R)

151356605 CA: 151(16)356605k PATENT
Antibody against the CSF-1R for treating cancer, bone degradation and inflammatory disease
INVENTOR(AUTHOR): Haegel, Helene; Thioudellet, Christine; Geist, Michel; Grellier, Benoit
LOCATION: Fr.
ASSIGNEE: Transgene S.A.
PATENT: PCT International ; WO 2009112245 A1 DATE: 20090917
APPLICATION: WO 2009EP1733 (20090311) *EP 2008360005 (20080314) *US 2008PV43884 (20080410)
PAGES: 101pp. CODEN: PIXXD2 LANGUAGE: English
PATENT CLASSIFICATIONS:

IPCR/8 + Level	Value	Position	Status	Version	Action	Source Office:
C07K-0016/28	A	I	F	B	20060101	H EP
A61P-0035/00	A	I	L	B	20060101	H EP
A61P-0037/00	A	I	L	B	20060101	H EP
C12N-0015/13	A	I	L	B	20060101	H EP
C12N-0015/63	A	I	L	B	20060101	H EP

DESIGNATED COUNTRIES: AE; AG; AL; AM; AO; AT; AU; AZ; BA; BB; BG; BH; BR; BW; BY; BZ; CA; CH; CN; CO; CR; CU; CZ; DE; DK; DM; DO; DZ; EC; EE; EG; ES; FI; GB; GD; GE; GH; GM; GT; HN; HR; HU; ID; IL; IN; IS; JP; KE; KG; KM; KN; KP; KR; KZ; LA; LC; LK; LR; LS; LT; LU; LY; MA; MD; ME; MG; MK; MN; MW; MX; MY; MZ; NA; NG; NI; NO; NZ; OM; PG; PH; PL; PT; RO; RS; RU; SC; SD; SE; SG; SK; SL; SM; ST; SV; SY; TJ; TM; TN; TR DESIGNATED REGIONAL: AT; BE; BG; CH ; CY; CZ; DE; DK; EE; ES; FI; FR; GB; GR; HR; HU; IE; IS; IT; LT; LU; LV; MC; MK; MT; NL; NO; PL; PT; RO; SE; SI; SK; TR; BF; BJ; CF; CG; CI; CM; GA; GN; GQ; GW; ML; MR; NE; SN; TD; TG; BW; GH; GM; KE; LS; MW; MZ; NA; SD; SL; SZ; TZ; UG; ZM; ZW; AM; AZ; BY; KG; KZ; MD; RU; TJ; TM

11/3/8 (Item 2 from file: 399)

DIALOG(R)File 399:CA SEARCH(R)

150028946 CA: 150(3)28946c PATENT
Catalytically inactive colony-stimulating factor 1 receptor tyrosine kinases and their use as antagonists of CSF-1
INVENTOR(AUTHOR): Stanley, Evan Richard; Xiong, Ying
LOCATION: USA
ASSIGNEE: Albert Einstein College of Medicine of Yeshiva University
PATENT: PCT International ; WO 2008150383 A1 DATE: 20081211
APPLICATION: WO 2008US6533 (20080522) *US 2007PV932325 (20070530)
PAGES: 62pp. CODEN: PIXXD2 LANGUAGE: English
PATENT CLASSIFICATIONS:
IPCR/8 + Level Value Position Status Version Action Source Office:

C12N-0005/06	A	I	F	B	20060101	H	US
C12N-0005/10	A	I	L	B	20060101	H	US
C07K-0001/00	A	I	L	B	20060101	H	US
C07K-0014/00	A	I	L	B	20060101	H	US

DESIGNATED COUNTRIES: AE; AG; AL; AM; AO; AT; AU; AZ; BA; BB; BG; BH; BR; BW; BY; BZ; CA; CH; CN; CO; CR; CU; CZ; DE; DK; DM; DO; DZ; EC; EE; EG; ES; FI; GB; GD; GE; GH; GM; GT; HN; HR; HU; ID; IL; IN; IS; JP; KE; KG; KM; KN; KP; KR; KZ; LA; LC; LK; LR; LS; LT; LU; LY; MA; MD; ME; MG; MK; MN; MW; MX; MY; MZ; NA; NG; NI; NO; NZ; OM; PG; PH; PL; PT; RO; RS; RU; SC; SD; SE; SG; SK; SL; SM; SV; SY; TJ; TM; TN; TR; TT DESIGNATED REGIONAL: AT; BE; BG; CH ; CY; CZ; DE; DK; EE; ES; FI; FR; GB; GR; HR; HU; IE; IS; IT; LT; LU; LV; MC; MT; NL; NO; PL; PT; RO; SE; SI; SK; TR; BF; BJ; CF; CG; CI; CM; GA; GN; GQ; GW; ML; MR; NE; SN; TD; TG; BW; GH; GM; KE; LS; MW; MZ; NA; SD; SL; SZ; TZ; UG; ZM; ZW; AM; AZ; BY; KG; KZ; MD; RU; TJ; TM

11/3/9 (Item 3 from file: 399)
DIALOG(R)File 399:CA SEARCH(R)

148239200 CA: 148(11)239200b PATENT
Preparation of N-oxide imidazoacridinones for treating diseases
INVENTOR(AUTHOR): Ajami, Alfred M.
LOCATION: USA
ASSIGNEE: Xanthus Pharmaceuticals, Inc.
PATENT: PCT International ; WO 200816700 A2 DATE: 20080207
APPLICATION: WO 2007US17300 (20070802) *US 2006PV835063 (20060802)
PAGES: 68pp. CODEN: PIXXD2 LANGUAGE: English
PATENT CLASSIFICATIONS:
IPCR/8 + Level Value Position Status Version Action Source Office:

C07D-0471/06	A	I	F	B	20060101	H	EP
A61K-0031/435	A	I	L	B	20060101	H	EP
A61P-0035/00	A	I	L	B	20060101	H	EP

DESIGNATED COUNTRIES: AE; AG; AL; AM; AT; AU; AZ; BA; BB; BG; BH; BR; BW; BY; BZ; CA; CH; CN; CO; CR; CU; CZ; DE; DK; DM; DO; DZ; EC; EE; EG; ES; FI; GB; GD; GE; GH; GM; GT; HN; HR; HU; ID; IL; IN; IS; JP; KE; KG; KM; KN; KP; KR; KZ; LA; LC; LK; LR; LS; LT; LU; LY; MA; MD; ME; MG; MK; MN; MW; MX; MY; MZ; NA; NG; NI; NO; NZ; OM; PG; PH; PL; PT; RO; RS; RU; SC; SD; SE; SG; SK; SL; SM; SV; SY; TJ; TM; TN; TR; TT; TZ DESIGNATED REGIONAL: AT; BE; BG; CH ; CY; CZ; DE; DK; EE; ES; FI; FR; GB; GR; HU; IE; IS; IT; LT; LU; LV; MC; MT; NL; PL; PT; RO; SE; SI; SK; TR; BF; BJ; CF; CG; CI; CM; GA; GN; GQ; GW; ML; MR; NE; SN; TD; TG; BW; GH; GM; KE; LS; MW; MZ; NA; SD; SL; SZ; TZ; UG; ZM; ZW; AM; AZ; BY; KG; KZ; MD; RU; TJ; TM

11/3/10 (Item 4 from file: 399)
DIALOG(R)File 399:CA SEARCH(R)

148215080 CA: 148(10)215080m PATENT
Morpholino imidazoacridinone compounds for treating inflammatory and demyelinating diseases and cancers
INVENTOR(AUTHOR): Ajami, Alfred M.
LOCATION: USA
ASSIGNEE: Xanthus Pharmaceuticals, Inc.
PATENT: PCT International ; WO 200816661 A2 DATE: 20080207
APPLICATION: WO 2007US17224 (20070802) *US 2006PV835064 (20060802)
PAGES: 59pp. CODEN: PIXXD2 LANGUAGE: English
PATENT CLASSIFICATIONS:
IPCR/8 + Level Value Position Status Version Action Source Office:

C07D-0471/06	A	I	F	B	20060101	H	EP
A61K-0031/437	A	I	L	B	20060101	H	EP
A61P-0035/00	A	I	L	B	20060101	H	EP
A61P-0029/00	A	I	L	B	20060101	H	EP
A61P-0025/00	A	I	L	B	20060101	H	EP

DESIGNATED COUNTRIES: AE; AG; AL; AM; AT; AU; AZ; BA; BB; BG; BH; BR; BW; BY; BZ; CA; CH; CN; CO; CR; CU; CZ; DE; DK; DM; DO; DZ; EC; EE; EG; ES; FI; GB; GD; GE; GH; GM; GT; HN; HR; HU; ID; IL; IN; IS; JP; KE; KG; KM; KN; KP; KR; KZ; LA; LC; LK; LR; LS; LT; LU; LY; MA; MD; ME; MG; MK; MN; MW; MX; MY; MZ; NA; NG; NI; NO; NZ; OM; PG; PH; PL; PT; RO; RS; RU; SC; SD; SE; SG; SK; SL; SM; SV; SY; TJ; TM; TN; TR; TT; TZ DESIGNATED REGIONAL: AT; BE; BG; CH ; CY; CZ; DE; DK; EE; ES; FI; FR; GB; GR; HU; IE; IS; IT; LT; LU; LV; MC; MT; NL; PL; PT; RO; SE; SI; SK; TR; BF; BJ; CF; CG; CI; CM; GA; GN; GQ; GW; ML; MR; NE; SN; TD; TG; BW; GH; GM; KE; LS; MW; MZ; NA; SD; SL; SZ; TZ; UG; ZM; ZW; AM; AZ; BY; KG; KZ; MD; RU; TJ; TM

11/3/11 (Item 5 from file: 399)
DIALOG(R)File 399:CA SEARCH(R)

143006277 CA: 143(1)6277p PATENT
CSF-1 inhibitors for treatment and prophylaxis of inflammatory bowel disease
INVENTOR(AUTHOR): Lawson, Alastair David Griffiths; Bourne, Timothy
LOCATION: UK,
ASSIGNEE: Celltech R & D Limited
PATENT: PCT International ; WO 200546657 A2 DATE: 20050526
APPLICATION: WO 2004GB4652 (20041103) *GB 200325836 (20031105)
PAGES: 33 pp. CODEN: PIXXD2 LANGUAGE: English
PATENT CLASSIFICATIONS:
CLASS: A61K-031/00A; A61K-039/395B; A61P-029/00B
DESIGNATED COUNTRIES: AE; AG; AL; AM; AT; AU; AZ; BA; BB; BG; BR; BW; BY; BZ; CA; CH; CN; CO; CR; CU; CZ; DE; DK; DM; DZ; EC; EE; EG; ES; FI; GB; GD; GE; GH; GM; HR; HU; ID; IL; IN; IS; JP; KE; KG; KP; KR; KZ; LC; LK; LR; LS; LT; LU; LV; MA; MD; MG; MK; MN; MW; MX; MZ; NA; NI; NO; NZ; OM; PG; PH; PL; PT; RO; RU; SC; SD; SE; SG; SK; SL; SY; TJ; TM; TN; TR; TT; TZ; UA; UG; US; UZ; VC; VN; YU; ZA; ZM; ZW DESIGNATED REGIONAL: BW; GH; GM; KE; LS; MW; MZ ; NA; SD; SL; SZ; TZ; UG; ZM; ZW; AM; AZ; BY; KG; KZ; MD; RU; TJ; TM; AT; BE; BG; CH; CY; CZ; DE; DK; EE; ES; FI; FR; GB; GR; HU; IE; IS; IT; LU; MC; NL; PL; PT; RO; SE; SI; SK; TR; BF; BJ; CF; CG; CI; CM; GA; GN; GQ; GW; ML; MR; NE; SN; TD; TG
?